



Based on record review and interview, the agency failed to ensure the skilled nurse (SN) followed the plan of care in 2 of 5 active records reviewed (Patient #1 and 2).

Findings include:

Review of the record for Patient #1, start of care 2/22/2021, evidenced a plan of care for certification period 12/14/2022 – 2/11/2023. The plan of care identified a gastrointestinal (stomach and intestines) intervention: "SN [skilled nurse] to check volume of GT balloon [a water – filled balloon that holds the feeding tube in place] 1x per week ...."

During an interview on 2/1/2023 at 8:30 AM, licensed practical nurse (LPN) 1 was queried about tracking when the volume of the balloon is due to be checked. LPN 1 indicated it had been done on the same day of the week. Since Patient #1 started preschool in January, LPN 1 indicated this was not on the same day each week, but it was completed. LPN 1 was queried about where the documentation

ensuring the plan of care is being followed and notifying the physician and clinical supervisor of any changes in patient condition including, but not limited to areas of skin breakdown. An order was sent to discontinue the weekly volume of GT balloon checks on 02/10/2023 to reflect patient's individualized plan. A new order by the SN in the home was obtained to check volume of G-tube balloon PRN for looseness. Plan of care updated. Signed MD order received by location leadership on 2/13/23. The Plans of Care were reviewed for all patients who had Gastric Tubes and education was provided on 3/1/2023 date to all staff caring for patients with Gastric Tubes related to notifying the physician and clinical supervisor of any changes in patient condition including, but not limited to areas of skin breakdown.

2. All nursing staff were educated on 3/1/23 by the Clinical Supervisors on the core elements of the plan of care, adherence to the plan of care, and documentation standards as per policy entitled

would be found after completing the procedure. LPN 1 indicated the procedure would be documented on the treatment page of the note and in the narrative section of the note.

During an interview on 2/1/2023 at 12:25 PM, the Alternate Clinical Supervisor confirmed the volume of balloon water was documented for 3 of the 7 weeks during this certification period. At 3:15 PM, the Alternate Clinical Supervisor confirmed "technically" the nurse did not follow the plan of care.

Review of an undated job description, titled "Position Overview" indicated "... registered nurse (RN) is responsible for providing ... skilled nursing care in accordance with the developed care plan and physicians' orders .... "

Review of an undated job description, titled "Position Overview" indicated "licensed practical nurse (LPN/LVN) is responsible for providing ... skilled nursing care ... in accordance with the developed

Documentation Standards #4.10.03. This was accomplished through direct education, supervision, mailed educational information sheets including The Documentation Standards policy.. Following completion of reeducation, all nursing staff will sign an attestation form confirming that education was received. A tracking process has been put in place to ensure that all nursing staff have reviewed and signed attestation form and that it is returned to the office by 4/20/2023.

3. All patient plans of care will be reviewed at each recertification visit for 100% of patients by the Clinical Supervisor. The Quality Assurance Nurse will review 100% of LPN #1 nursing notes which will be audited for 4 weeks to ensure that documentation follows the plan of care and treatment plan.

4. The deficiency was corrected with all LPN #1 charts which were audited and found to be in compliance by 3/3/2023.

5. The deficiency was corrected on 2/10/2023 with signed physician order returned on 2/13/23 to discontinue weekly volume of GT checks and starting GT balloon volume checks PRN for looseness.

6. The Fort Wayne agency will ensure ongoing compliance at 100% through weekly chart audits of all patients and clinical staff as part of the QAPI process. This will include plans of care

<p>care plan and physicians' orders ...."</p> <p>Review of an agency policy dated 04/19/2022 and titled "Missed Services" indicated "... when scheduled services, visits or shifts are not provided for any reason, the appropriate notification should be completed and sent to the physician or other appropriate ordering provider/entity in a timely manner ...."</p> <p>Record review for Patient #2, start of care date 05/25/2021, included a plan of care for the certification period 11/16/2022 through 01/14/2023 that indicated "... frequencies ... SN will provide ... 3-5 days/wk (week) ... and ... 5-7 nights/wk ...."</p> <p>Review of schedule of Patient #2, indicated 1 SN visit made the week of 11/20/2022 through 11/26/2022.</p> <p>During the entrance conference interview on 01/30/2023 at 9:30AM, when asked what the agency's clinical work week is, the clinical supervisor indicated it is from Sunday through Saturday.</p>	<p>Once 100% compliance is sustained the agency will include this measure as part of the ongoing QAPI process.</p> <p>N0522 Patient Care – Missed Services</p> <p>1. The deficiency was corrected by educating all the staff on the requirement. AQL indicator was created to ensure all missed visit reports are sent out to physicians weekly. Operations staff reviewed Missed Visit policy # 04.27.03 and attestation of education was signed on 2/22/23. Each week 100% of patient schedules will be reviewed to ensure missed visit reports are printed and notifications are sent to all appropriate physicians and copies placed in each patient's medical record.</p> <p>2. Administrator will implement and review weekly the tracking document to monitor documentation of missed visits reports to ensure missed visit records are completed accurately and sent to physicians every Wednesday.. This was</p>	
--	---	--

During an interview on 01/31/2023 at 2:15PM, when asked for the documentation of the missed visits for Patient #2 for the week of 11/20/2022 through 11/26/2023, the administrator indicated would look for them and provide.

During an interview on 02/02/2023 at 10:45PM when asked again for the missed visit documentation for Patient #2, at 11:15AM the administrator provided a copy of an agency document titled "Missed Shift/Visit Report" signed and dated by the client services supervisor on 01/31/2023. Copy of the Fax2Mail (fax sent through email) document indicated the document was sent on 01/31/2023 at 3:04PM to the physician of Patient #2. When asked if the Missed Shift/Visit Report was faxed to the physician after the 01/31/2023 request for the documentation, the administrator indicated it had been.

completed on 3/3/2023. This review will occur weekly x 4 weeks to ensure 100% compliance.

3. Administrator is responsible to ensure Operations staff is sending weekly missed visit shifts reports to physicians every Wednesday.

4. The deficiency was corrected on 2/22/2023 by education to Operations staff provided regarding policy on missed visit policy.

5. The deficiency will be at 100% compliance by 3/3/2023 with weekly tracker for 30 days to ensure compliance of the missed visit policy.

6. Once compliance is achieved, to ensure ongoing compliance at 100% missed visit reports will be reviewed weekly x 4 and ongoing monthly by Administrator to ensure missed visit records are completed accurately and timely on an ongoing basis. Corrective action plan including QI's and missed visit trackers will be communicated to

			Administrator and be included in quarterly QAPI meetings. If at any point compliance falls below the 100% threshold all staff will be re-educated to ensure there is not a knowledge deficit and the frequency of audits will be increased as before until compliance is sustained.	
N0524	<p>Patient Care</p> <p>410 IAC 17-13-1(a)(1)</p> <p>Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall:</p> <p>(A) Be developed in consultation with the home health agency staff.</p> <p>(B) Include all services to be provided if a skilled service is being provided.</p> <p>(B) Cover all pertinent diagnoses.</p> <p>(C) Include the following:</p> <p>(i) Mental status.</p> <p>(ii) Types of services and equipment required.</p> <p>(iii) Frequency and duration of visits.</p> <p>(iv) Prognosis.</p> <p>(v) Rehabilitation potential.</p> <p>(vi) Functional limitations.</p> <p>(vii) Activities permitted.</p> <p>(viii) Nutritional requirements.</p> <p>(ix) Medications and treatments.</p> <p>(x) Any safety measures to protect against</p>	N0524	<p>Diet Order incorrect (allowed to eat po / regular diet missing)</p> <p>N0524 Patient Care- Nutritional Requirements for Patient #3</p> <p>1. The deficiency was corrected by sending the physician order to include a regular PO diet on the plan of care for patient #3. Verbal order obtained by the Clinical Supervisor for regular diet PO on 2/1/2023. The signed physician order was received in the agency on 2/2/2023</p> <p>2. All nursing staff will be educated by the Clinical Supervisors on the core elements of the plan of care, adherence to the plan of care, and documentation standards</p>	2023-03-03

injury.

(xi) Instructions for timely discharge or referral.

(xii) Therapy modalities specifying length of treatment.

(xiii) Any other appropriate items.

Based on record review, observation and interview, the agency failed to ensure the patient plan of care included all nutritional requirements for 1 of 3 records reviewed of active patients with home visit observations (Patient #3).

Findings include:

Review of an agency policy dated 09/13/2022 and titled "Physician Orders" indicated "... the plan of care/treatment must include ... diet ...."

During a home visit observation conducted at the residence of Patient #3 on 01/31/2023 at 3:00PM with RN #1 and the alternate clinical supervisor present, observed Patient #3 eating chips and drinking water.

Record review for Patient #3, start of care date 12/26/2022, included a plan of care [POC]

as per policy entitled PhysicianOrders #4.10.03. This was accomplished through direct education, supervision, mailed educational information sheets including The Physician Order policy All field staff was educated by 3/1/2023. Following completion of reeducation, all nursing staff will sign an attestation form confirming receipt. [A Tracking process has been put in place to ensure that all nursing staff have reviewed and signed the attestation form and that it is returned to the office by 4/20/2023.](#)

3. The plan of care will be reviewed with all nurses at each recertification visit by the Clinical Supervisor. 100% of RN #1 nursing notes will be audited by the Quality Assurance Nurse for 4 weeks to ensure that documentation follows the plan of care and treatment plan. This process was completed 3/3/2023.

4. The deficiency was corrected with all RN#1 charts audited and found to be in 100% compliance by 3/3/2023.

5. The deficiency was corrected on 2/1/2023 with signed physician order returned on 2/2/23 to reinstate

	<p>for the certification period 12/26/2022 through 02/23/2023 with diet orders enteral (tube feeding directly into stomach) feeding supplies, nutritional requirements, diet of Vivonex (tube feeding formula) and Pedialyte (fluid and mineral replacement) Elecare Jr. (nutritionally complete medical food) at 71ml (measurement of milliliters) / hour x 24 hours. The POC failed to evidence Patient #3 was on a regular diet.</p> <p>Review of a document titled "Skilled Nursing Flow Sheet," signed by RN #1 and dated 01/31/2023 that documented patient's intake of a snack of carrots with dip, meals was 3 pieces of pizza.</p> <p>During an interview on 02/01/2023 at 3:15 PM when asked, if the patients regular diet was on included within Patient 3's plan of care, the alternate clinical supervisor indicated it was not and should be included.</p>		<p>PO regular diet topatient plan of treatment.</p> <p>6. The Fort Wayne agency will ensure ongoingcompliance at 100% through routine chart audits of all patients and staff aspart of the ongoing QAPI process. This will include plans of care and nursingdocumentation. This will occur weekly to ensure sustained compliance and thenongoing as part of the Fort Wayne agency ongoing QAPI process. If at any point compliancefalls below the 100% threshold all staff will be re-educated to ensure there isnot a knowledge deficit and the frequency of audits will be increased as beforeuntil compliance is sustained.</p>	
N0542	<p>Scope of Services</p> <p>410 IAC 17-14-1(a)(1)(C)</p>	N0542	<p>Diet Orderincorrect (allowed to eat po / regular diet missing)</p> <p>N0524 Patient Care-</p>	2023-03-03



Rule 14 Sec. 1(a) (1)(C) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following:

(C) Initiate the plan of care and necessary revisions.

Based on record review and interview, the agency failed to ensure the plan of care included the medication administration duration and frequency in 1 of 5 records reviewed with skilled nursing services (Patient #3).

Findings include:

Review of an agency policy dated 09/13/2022 and titled "Physician Orders" indicated "... a complete physician's ... order requires the following ... frequency and duration of ...."

Record review of Patient #3, start of care date 12/26/2022, included a plan of care [POC] for the certification period 12/26/2022 through 02/23/2023 and included the diagnoses, not limited to, intestinal malabsorption (difficulty in the digestion or absorption of nutrients from food) and mitochondrial metabolism disorder (may cause poor growth, loss of muscle coordination and muscle

### Nutritional Requirements for Patient #3

1. The deficiency was corrected by sending the physician order to include a regular PO diet on the plan of care for patient #3. Verbal order obtained by the Clinical Supervisor for regular diet PO on 2/1/2023. The signed physician order was received in the agency on 2/2/2023

2. All nursing staff will be educated by the Clinical Supervisors on the core elements of the plan of care, adherence to the plan of care, and documentation standards as per policy entitled Physician Orders #4.10.03. This was accomplished through direct education, supervision, mailed educational information sheets including The Physician Order policy. All field staff was educated by 3/1/2023. Following completion of reeducation, all nursing staff will sign an attestation form confirming receipt. [A Tracking process has been put in place to ensure that all nursing staff have reviewed and signed the attestation form and that it is returned to the office by 4/20/2023.](#)

3. The plan of care will be

weakness). The POC indicated the medication rifaximin (Xifaxan) (an antibiotic to prevent the build-up of toxins in the brain) was to be administered twice per day start, order effective date 12/26/2022.

Review of a document titled "Field Physician Orders," dated 12/28/22, indicated the medication Amoxicillin-Pot [potassium] Clavulanate (combination antibiotic to treat bacterial infection) was to be given twice per day for 14 days every other month alternating with Rifaximin.

Review of an agency document titled "Skilled Nursing Flow Sheet" signed by RN #1 and dated 01/31/2023 documented, "5:09 PM ... education on Xifaxin regimen ... first dose will be on 02/02/2023 in the morning."

The plan of care failed to identify which month each antibiotic was to be taken on and the alternating schedule.

During an interview on 02/01/2023 at 3:15 PM, when asked, the alternate clinical supervisor indicated the agency needed to clarify the antibiotic

reviewed with all nurses at each recertification visit by the Clinical Supervisor. 100% of RN #1 nursing notes will be audited by the Quality Assurance Nurse for 4 weeks to ensure that documentation follows the plan of care and treatment plan. This process was completed 3/3/2023.

4. The deficiency was corrected with all RN#1 charts audited and found to be in 100% compliance by 3/3/2023.

5. The deficiency was corrected on 2/1/2023 with signed physician order returned on 2/2/23 to reinstate PO regular diet to patient plan of treatment.

6. The Fort Wayne agency will ensure ongoing compliance at 100% through routine chart audits of all patients and staff as part of the ongoing QAPI process. This will include plans of care and nursing documentation. This will occur weekly to ensure sustained compliance and then ongoing as part of the Fort Wayne agency ongoing QAPI process. If at any point

	orders and determine when each was to be given.		compliance falls below the 100% threshold all staff will be re-educated to ensure there is not a knowledge deficit and the frequency of audits will be increased as before until compliance is sustained.	
N0559	<p>Scope of Services</p> <p>410 IAC 17-14-1(a)(2)(G)</p> <p>Rule 14 Sec. 1(a) (2) (G) For purposes of practice in the home health setting, the licensed practical nurse shall do the following:</p> <p>(G) Inform the physician, dentist, chiropractor, podiatrist, or optometrist of changes in the patient's condition and needs after consulting with the supervising registered nurse.</p> <p>Based on record review and interview, the licensed practical nurse (LPN) failed to ensure the registered nurse (RN) and physician were notified of changes in the patients' condition in 1 of 5 records reviewed with skilled nursing services (Patient #5).</p> <p>Findings include:</p> <p>Review of an agency policy dated 12/01/2022 and titled "Communication: Staff"</p>	N0559	<p>LPN in the home did not notify Clinical Supervisor of a sore on client.</p> <p>N0559 Scope of Services – Coordination of Care Patient #5</p> <p>1. The deficiency was corrected by verbally educating LPN #3 and LPN #4 (concerning patient #5) on the importance of notifying the physician and Clinical Supervisor of changes in the patient's condition including, but not limited to areas of skin breakdown. This education was completed on 2/2/2023.</p> <p>2. All nursing staff will be educated by the Clinical Supervisors on the elements of care coordination and the importance of notifying the physician and clinical supervisor upon changes in patient condition. All nursing staff were</p>	2023-03-03

indicated "... it is the responsibility of all staff to maintain regular communications with all members of the healthcare team regarding patient care ... information to be communicated is to include ... change in physical ... symptoms or any other concern related to patient status ...."

Review of an undated job description, titled "Position Overview" indicated the licensed practical nurse [LPN] essential job functions included to report changes in condition to the supervisor and / or physician.

Record review of Patient #5, start of care date 12/11/2018, included a plan of care for the certification period 01/19/2023 through 03/19/2023 with orders for the skilled nurse to assess and monitor for skin breakdown, if noted document, and to notify the physician and / or supervising nurse.

Review of an agency document titled "Skilled Nursing Flow Sheet, signed by LPN #3 and dated 01/31/2023 stated, "6:56 AM ... growth left vaginal lip.

educated on documentation and the coordination of care process as evidence by the Coordination of Care policy #4.08.04. This was accomplished through direct education, supervision, mailed educational information sheets including The Coordination of Care policy This was accomplished on 3/1/2023. Following completion of reeducation, all nursing staff will sign an attestation form confirming receipt that education was received. A Tracking process in place to ensure that all nursing staff have reviewed and signed attestation form and that it is returned to the office by 4/20/2023.

3. Clinical Supervisor was educated by the Administrator on performing coordination of care with all healthcare providers, patients, field nurses, and families. Administrator reviewed Coordination of Care policy #4.08.04 with Clinical Supervisor 2/2/2023 and QI completed with attestation of acknowledgement of education provided was signed.

4. The deficiency was

Scant amount of red blood on pad. A verbal report was made to nurse LPN #4.

Review of an agency document titled "Skilled Nursing Flow Sheet, signed by LPN #4 and dated 01/31/2023 documented "7:55 AM ... growth left vaginal lip is purple and grape size ... small amount of blood from it ...."

The clinical record failed to evidence the LPN notified the RN and / or the attending physician of the vaginal growth and bleeding.

During an interview on 02/01/2023 at 3:15 PM, when asked, the alternate clinical supervisor relayed when there has been a change in condition, the process the LPN was to follow would be to notify the family member.

corrected with education provided to the Clinical Supervisor on 2/2/2023 to ensure compliance and the ability to educate field staff on Coordination of Care policy in the future.

5. The deficiency was corrected by verbally educating LPN #3 and LPN #4 on the coordination of care policy on 2/2/2023 and documented.

6. The Fort Wayne agency will ensure ongoing compliance at 100% through regular chart audits of all patients and staff as part of the ongoing QAPI process. This will include plans of care and nursing documentation. This will occur weekly and then ongoing as part of the Fort Wayne agency ongoing QAPI process. If at any point compliance falls below the 100% threshold all staff will be re-educated to ensure there is not a knowledge deficit and the frequency of audits will be increased as before until compliance is sustained.

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

PRINTED: 03/21/2023

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Braxton Randolph	TITLE Administrator	(X6) DATE 3/21/2023 5:40:37 PM
---	------------------------	-----------------------------------